

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023686

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 256

FILED JUL 5 1963

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		c. CITY OR TOWN <u>Mc Kittrick</u>	
Length of stay in 1b <u>51 days</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Charles E. Still Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>Yes <input type="checkbox"/> No <input type="checkbox"/></u>	

3. NAME OF DECEASED (Type or print) <u>Amelia Pauline Bader</u>			4. DATE OF DEATH Month <u>6</u> Day <u>24</u> Year <u>63</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-29-82</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) <u>Mc Kittrick Mo</u>			12. CITIZEN OF WHAT COUNTRY <u>U S</u>		

13a. FATHER'S NAME <u>Bernard Korman</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Montke</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Bader</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Paul Bader Mc Kittrick, Mo.</u>		17. INFORMANT Address	

18. CAUSE OF DEATH (Enter only one cause per line for each cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inanition</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pong pneumonia</u> DUE TO (c) <u>Advanced chronic atherosclerotic cerebro-vascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Chronic</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5-4-63</u> Month, Day, Year <u>6-24-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Jefferson City Mo</u>		COUNTY <u>Rhineland</u>		STATE <u>Mo</u>	
21. I attended the deceased from <u>5-4-63</u> to <u>6-24-63</u> and last saw her live on <u>6-23-63</u> Death occurred at <u>5:55 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Sam Aterberg</u> (Degree or title)		22b. ADDRESS <u>Jefferson City Mo</u>		22c. DATE SIGNED <u>6-24-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-27-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St Marcus Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Rhineland Mo</u>		23e. DATE RECD. BY LOCAL REG. <u>25 June 1963</u>		23f. REGISTRAR'S SIGNATURE <u>M. Richter, Reg.</u>	
24. FUNERAL DIRECTOR <u>D B Baker New Florence, Mo</u>					

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

D B Baker

Licensed Embalmer No. 3375

P. O. Address New Florence, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.